

DEADLINE: JANUARY 31,
FOR YEAR ENDING DECEMBER 31, 20

NAME OF INCUBATOR				FEDERAL TAX ID NUMBER	
ADDRESS (STREET, PO BOX)				MITS/MISSOURI TAX ID NUMBER	
CITY		STATE	ZIP	NAICS CODE	
CONTACT PERSON'S NAME					
TELEPHONE NUMBER () -		FACSIMILE NUMBER () -		EMAIL ADDRESS	
YEAR ESTABLISHED	YEAR CERTIFIED	BUILDING SIZE _____Sq. Feet	RENTABLE UNIT SIZE _____Sq. Feet	NUMBER OF UNITS	
<p>Focus:</p> <p> <input type="checkbox"/> Product Manufacturing <input type="checkbox"/> Product Development <input type="checkbox"/> Research and Development <input type="checkbox"/> Business Development Services </p> <p> <input type="checkbox"/> Other _____ </p>					
MISSION					
ALLIANCES, PARTNERSHIPS AND SPONSORS					
ORGANIZATIONAL STRUCTURE					
<p>Please provide additional information (if any) related to your incubator such as Recent Developments, Awards, Future Tenants, etc.:</p>					

The following information is required:

☐ Number of Jobs # (created/maintained)

☐ Total Payroll \$

1. INCUBATOR	TARGET MARKETS		
	SERVICES OFFERED		
	ENTRANCE CRITERIA		
	SUCCESS GRADUATION CRITERIA		
	FAILURE EXIT CRITERIA		
	CURRENT OCCUPIED CAPACITY (%)		
	SOURCE OF FUNDING	NAME OF ALL PROGRAMS UTILIZED OR BEING UTILIZED	TOTAL AMOUNT
	FEDERAL		
	MISSOURI		
	LOCAL		
PRIVATE			
OTHER			
TOTAL		\$	

2. TENANTS	<p>In a separate document, please provide information for each tenant, including whether a company came from another state or country, and explain why that company chose Missouri and your incubator:</p> <p> <input type="checkbox"/> Name <input type="checkbox"/> Contact Information <input type="checkbox"/> Occupancy Length (years) <input type="checkbox"/> Occupancy Size (%) <input type="checkbox"/> Expected Graduation Date <input type="checkbox"/> Business Description <input type="checkbox"/> Recent Developments <input type="checkbox"/> Other </p> <p>The following information is required (total for all tenants):</p> <p> <input type="checkbox"/> Number of Jobs # (created/maintained) <input type="checkbox"/> Total Payroll \$ </p>
3. MISSOURI GRADUATES	<p>In a separate document, please provide information for each graduate that operates in Missouri:</p> <p> <input type="checkbox"/> Name <input type="checkbox"/> Contact Information <input type="checkbox"/> Occupancy Length (years) <input type="checkbox"/> Date of Graduation <input type="checkbox"/> Business Description <input type="checkbox"/> Recent Developments <input type="checkbox"/> Reasons Why the Company Decided to Stay in Missouri </p> <p>The following information is required (total for all graduates):</p> <p> <input type="checkbox"/> Number of Jobs # (created/maintained) <input type="checkbox"/> Total Payroll \$ </p>
4. OTHER GRADUATES	<p>In a separate document, please provide information for each graduate that left Missouri:</p> <p> <input type="checkbox"/> Name <input type="checkbox"/> Contact Information <input type="checkbox"/> Occupancy Length (years) <input type="checkbox"/> Date of Graduation <input type="checkbox"/> Business Description <input type="checkbox"/> Recent Developments <input type="checkbox"/> Reasons Why the Company Decided to Leave Missouri </p>
5. FAILED TENANTS	<p>In a separate document, please provide the following information for each failed company:</p> <p> <input type="checkbox"/> Name <input type="checkbox"/> Occupancy Length (years) <input type="checkbox"/> Date and Reasons for Failure <input type="checkbox"/> Business Description <input type="checkbox"/> Recent Developments </p>
<p align="center">RETURN TO:</p> <p align="center"> Department of Economic Development Division of Business and Community Services Finance Management 301 West High Street, Room 770 P.O. Box 118 Jefferson City, MO 65102 </p>	